

DuPage ETSB DEDIR System WAVE Access Application

AGENCY INFORMATION					
Type of Application:	[] Initial [] Modification				
DATE:					
NAME OF AGENCY:					
POINT OF CONTACT:					
BUSINESS ADDRESS:					
EMAIL ADDRESS:					
MOBILE TELEPHONE:					
APPLICATION INFORMATION					
Please complete the following information				NO	YES
The APP will not be used for first line user dispatch since it has a lower priority on the system					
The Applicant understands that the cost for the APP is the Applicant's responsibility					
The Applicant understands that any changes must be provided according to policy.					
The Applicant has received DEDIRS Policy 911-005.11: <i>WAVE Use on DEDIR System</i> and all users under this application have read and will comply with the policy.					
APPLICATION CHECKLIST					
Note: The application cannot be approved by STARCOM21 or ETSB without the required documents listed below					
The Applicant has provided the following as part of this application:				YES	
WAVE Support Limitation and Disclaimer, executed (one per agency)*					
The WAVE App will be used on an employee-owned device, a copy of the Agency policy is attached					
** Items below are for Users without a Motorola billing account only **				N/A	YES
STARCOM21 Government User Agreement					
STARCOM21 Billing Information Form					
Approvals		ABSENT	ABSTAIN	NO	YES
Policy Advisory Committee (provide vote count)					

I am submitting this application on behalf of my organization and the users represented herein. I certify that I am authorized to act on behalf of my organization for this application and that the information provided is correct to the best of my knowledge.

I understand that my Agency must submit a Zendesk ticket within 24 hours of a device using WAVE being lost/stolen or the employee using WAVE being separated to protect the security of the DEDIR System.

Applicant Point of Contact Signature

Date: _____